



CITY OF HAGERSTOWN, MARYLAND

Planning & Code Administration Department

ZONING CERTIFICATE REQUEST FORM – HOME-BASED BUSINESS

Submittal Requirements:

- Original Application
- Filing fee (please consult current fee schedule)

PROPERTY OWNER INFORMATION

Name: _____

Property Address: _____

TENANT/BUSINESS OWNER INFORMATION

Name of Business: _____

Tenant Mailing Address: _____

Phone Number: _____ Email Address: _____

DESCRIPTION OF BUSINESS (see reminders below)

Reminders:

Please note the following restrictions on home-based businesses:

- The business operator must be a full-time resident of the property.
- Family members living in the dwelling may work for the business.
- Employees from outside the residence are not permitted to work at the property.
- No external evidence of any sort (ie. customer/clients/employees visiting residence).
- No signs indicating the presence of business.
- No outdoor storage of any kind.
- No deliveries other than those made by the U.S. Postal Service or similar carriers (UPS, FedEx) in vehicles of a size that routinely serve residential areas and with a frequency of those deliveries made to a dwelling.

Tenant Signature: _____

Date: _____

Property Owner Signature: _____

Date: _____



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PLANNING AND CODE ADMINISTRATION DEPARTMENT USE ONLY

APPLICATION NO:

ZONING DISTRICT & OVERLAY *(if applicable)*:

TYPE OF USE:

- This use conforms to the provisions of the zoning ordinance and is a LEGAL USE.
- This use is a LAWFUL NONCONFORMING USE.
- This use is IN VIOLATION of the zoning ordinance.

PERMIT AND REVIEW STATUS:

- Open Permits _____
- Permit Needed _____
- Condemned or Other Property Restrictions _____
- Historic District Commission Review _____
- Fire Department Warnings _____
- Vacant More Than 1 Year _____

INSPECTIONS REQUIRED:

- Code _____
- Fire Marshal _____

COMMENTS/CONDITIONS:

Zoning Administrator

Date